Topical Androgenic Agents

Effective 12/31/2008
Revised 07/09/2015

Preferred Agents

- Androgel® Packet
- Androgel® Pump
- **Androderm**®

Non-Preferred Agents

- Axiron®
- Fortesta®
- **Testim®**
- **Testosterone Gel Packet**
- **Testosterone Gel/Pump**
- **Vogelxo Gel/Pump/Packet**

Approval Criteria	Denial Criteria

• Failure to achieve desired therapeutic outcomes with trial on 2 or more preferred agents
  ○ Documented trial period for preferred agents
  ○ Documented ADE/ADR to preferred agents
	Lack of adequate trial on required preferred agents

• Documented compliance on current therapy regimen	Therapy will be denied if no approval criteria are met
	Drug Prior Authorization Hotline: (800) 392-8030
	Female patients